



ELECTRONIC CHROME & GRINDING CO. INC.

9128-32 DICE RD. • SANTA FE SPRINGS, CA 90670 • (562) 946-6671 • FAX (562) 946-5903

*Hard Chrome Plating • Internal & External Grinding
Chrome Tanks 16 Foot Depth • Power Honing to 6" Capacity
Grinding Capacity to 20" x 120" • Centerless Grinding*

January 27, 2006

2005 Biennial Report Staff (11th Floor)
Dept. of Toxic Substances Control
1001 I street, 11th Floor
Sacramento, CA 95814

RE: 2003 & 2005 Biennial Reports Letter of Transmittal

Dear Staff Member:

Included with this submittal of the 2005 biennial report is a copy of the 2003 report. Our record review did not find a previously submitted copy of the 2003 report. Our consultant contacted Davie Wright and was told to submit the 2003 report with the 2005 report. Both reports are included herein.

Sincerely,

Mike Reed
Vice president, General Manager

Enclosures

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		A. Signature X <i>Wolk</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: 2005 Biennial Report Staff (11th Floor) Dept. of Toxic Substance Control 1001 I Street, 11th Floor Sacramento, CA 95814		B. Received by (Printed Name)	C. Date of Delivery 1/30/06
2. Article Number (Transfer from service label)		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
PS Form 3811, February 2004		0390 0002 6567 0110	

Domestic Return Receipt

102595-02-M-1540

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at www.usps.com	
SACRAMENTO CA 95814	
OFFICIAL USE	
Postage	\$ 40.87
Certified Fee	\$2.40
Return Receipt Fee (Endorsement Required)	\$1.85
Restricted Delivery Fee (Endorsement Required)	\$0.00
Total Postage & Fees	\$ 45.12
0100 09 Postmark Here 01/27/2006	
Sent To Dept. of Toxic Substance Control Street, Apt. No. or PO Box No. 1001 I Street, 11th Floor City, State, ZIP+4 Sacramento, CA 95814	
PS Form 3800 June 2002 See Reverse for Instructions	



WINEFIELD & ASSOCIATES, INC.
ENVIRONMENTAL AND SAFETY CONSULTANTS

January 25, 2006

Mike Reed
Electronic Chrome & Grinding Co. Inc.
9128-32 Dice Rd.
Santa Fe Springs, CA 90670

RE: 2003 & 2005 Biennial Reports

Dear Mr. Reed:

Enclosed are the 2003 and 2005 Biennial Reports for Electronic Chrome & Grinding Company. Please complete the following tasks before submitting these to the Department of Toxic Substances Control (DTSC):

1. Copy the letter of transmittal onto your letterhead and sign it.
2. Review and sign these reports where indicated by arrows.
3. Review and complete the 2005 Biennial Report Submission Cover Sheet.
4. Photocopy all forms and the 2005 Biennial Report Submission Cover Sheet for your files. The DTSC recommends all records used in completing the forms be kept for a minimum of three years.
5. Using the Certified Mail Receipt and the Return Receipt included in this package for your use, please send these reports and diskette to the address below:

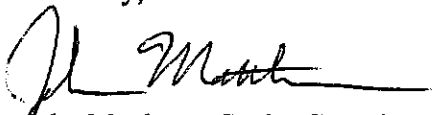
2005 Biennial Report Staff (11th Floor)
Dept. of Toxic Substances Control
1001 I Street, 11th Floor
Sacramento, CA 95814

6. The local Certified Unified Program Agency (CUPA), which is the City of Santa Fe Springs Fire Department, requires you to mail them photocopies of the 2005 Biennial Report Submission Cover Sheet, the Certified Mail Receipt and the Return Receipt to ensure submission of Biennial Reports to the DTSC. Included also is a letter addressed to the Santa Fe Springs Fire Department for your use. Please send these to:

Richard Kallman
City of Santa Fe Springs Fire Department
Environmental Protection Division
Certified Unified Program Agency
11300 Greenstone Ave.
Santa Fe Springs, CA 90670

If you have any questions concerning this report, please contact me at (562) 495-5777.

Sincerely,


John Matthews, Senior Consultant
Enclosures

W:\Projects\2006\Electric Chrome & Grinding\2003&2005 Biennial Report\ecgBiennial.let01.doc

2. 2005 BIENNIAL REPORT SUBMISSION COVER SHEET

SUBMIT WITH REPORT NO ADDITIONAL COVER LETTER REQUIRED

The following items are included or have been verified in the report:

- ☒ 2005 Biennial Report Submission Cover Sheet
- ☐ Signed Form ID (3 pages)
- ☒ Verified EPA ID
- ☒ Verified NAICS code on www.naics.com
- ☒ Forms GM, if applicable
- ☒ Forms WR
- ☒ Original transmittal file on diskette, CD, DVD, or portable USB drive using Waste Reporter software or in EPA Flat File format
- ☐ Postmark report by March 1, 2006.

Reminder:

- ☐ Retain a complete photo copy of the 2005 BR for record keeping purposes.

AND

- ☐ Retain a second original transmittal file from Waste Reporter for record keeping purposes, if applicable.

MAIL THE COMPLETED FORM TO: The appropriate EPA Regional or State Office.		United States Environmental Protection Agency RCRA SUBTITLE C SITE IDENTIFICATION FORM 2005	
1. Reason for Submittal (see instructions on page 9) MARK ALL BOX(ES) THAT APPLY	A. Reason for Submittal: <input type="checkbox"/> To provide initial notification (to obtain an EPA ID Number for hazardous waste, universal waste or used oil activities). <input type="checkbox"/> To provide subsequent notification (to update site identification information). <input type="checkbox"/> As a component of a First RCRA Hazardous Waste Part A Permit Application. <input type="checkbox"/> As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment #) <input checked="" type="checkbox"/> As a component of Hazardous Waste Report.		
2. Site EPA ID Number (see instructions on page 10)	EPA ID Number: CAD008391427		
3. Site Name (see instructions on page 11)	Site Name: Electronic Chrome & Grinding Co. Inc.		
4. Site Location Information (see instructions on page 10)	Street Address: 9128-32 Dice Road		
	City, Town or Village: Santa Fe Springs	State: CA	
	County Name: LOS ANGELES	Zip Code: 90670	
5. Site Land Type (see instructions on page 10)	Site Land Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		
6. North American Industry Classification System (NAICS) Code(s) for the Site (see instructions on page 10)	A. 332813	B.	
	C.	D.	
7. Site Mailing Address (see instructions on page 11)	Street or P.O. Box: 9128-32 Dice Rd.		
	City, Town or Village: Santa Fe Springs		
	State: CA		
	Country: UNITED STATES	Zip Code: 90670	
8. Site Contact Person (see instructions on page 11)	First Name: Mike	MI:	Last Name: Reed
	Phone Number: 5629466671	Extension:	Email Address: bluecrowns@aol.com
9. Operator and Legal Owner of the Site (see instructions on page 11 and 12)	Name of Site's Operator: Philip W. Reed		Date Became Operator (mm/dd/yyyy): 07/23/1982
	Operator Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		
	Name of Site's Legal Owner: Philip W. Reed		Date Became Owner (mm/dd/yyyy): 07/23/1982
	Owner Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		

9. Legal Owner (Continued) Address	Street or P.O. Box: 9128-32 Dice Rd.	
	City, Town or Village: Santa Fe Springs	
	State: CA	
	Country: UNITED STATES	Zip Code: 90670

10. Type of Regulated Waste Activity (Mark "Yes" or "No" for all activities; complete an additional boxes as instructed)

A. Hazardous Waste Activities

Complete all parts for 1 through 6.

- Y ☒ N ☐ 1. Generator of Hazardous Waste
If "Yes", choose only one of the following - a, b or c.
- ☒ a. LQG: Greater than 1000 kg/mo (2,200 lbs.) of non-acute hazardous waste; or
- ☐ b. SQG: 100 to 1000 kg/mo (220 - 2,200 lbs.) of non-acute hazardous waste; or
- ☐ c. CESQG: Less than 100 kg/mo (220 lbs.) of non-acute hazardous waste
- In addition, indicate other generator activities.
- Y ☐ N ☒ d. United States Importer of Hazardous Waste
- Y ☐ N ☒ e. Mixed Waste (hazardous and radioactive) Generator
- Y ☐ N ☒ 2. Transporter of Hazardous Waste
- Y ☒ N ☐ 3. Treater, Storer or Disposer of Hazardous Waste (at your site)
Note: A hazardous waste permit is required for this activity.
- Y ☐ N ☒ 4. Recycler of Hazardous Waste (at your site)
- Y ☐ N ☒ 5. Exempt Boiler and/or Industrial Furnace
- ☐ a. Small Quantity On-Site Burner Exemption
- ☐ b. Smelting, Melting, Refining Furnace Exemption
- Y ☐ N ☒ 6. Underground Injection Control

B. Universal Waste Activities

- Y ☐ N ☒ 1. Large Quantity Handler of Universal Waste (accumulate 5,000 kg or more) [refer to your State regulations to determine what is regulated]. Indicate types of universal waste generated and/or accumulated at your site. If "Yes", mark all boxes that apply:

	Generated	Accumulated
a. Batteries	<input type="checkbox"/>	<input type="checkbox"/>
b. Pesticides	<input type="checkbox"/>	<input type="checkbox"/>
c. Thermostats	<input type="checkbox"/>	<input type="checkbox"/>
d. Lamps	<input type="checkbox"/>	<input type="checkbox"/>
e. Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>
f. Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>
g. Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>

- Y ☐ N ☒ 2. Destination Facility for Universal Waste
Note: A hazardous waste permit may be required for this activity.

C. Used Oil Activities

Mark all boxes that apply.

- Y ☐ N ☒ 1. Used Oil Transporter
If "Yes", mark each that applies.
- ☐ a. Transporter
- ☐ b. Transfer Facility
- Y ☐ N ☒ 2. Used Oil Processor and/or Re-refiner
If "Yes", mark each that applies.
- ☐ a. Processor
- ☐ b. Re-refiner
- Y ☐ N ☒ 3. Off-Specification Used Oil Burner
- Y ☐ N ☒ 4. Used Oil Fuel Marketer
If "Yes", mark each that applies.
- ☐ a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner
- ☐ b. Marketer Who First Claims the Used Oil Meets the Specifications

11. Description of Hazardous Wastes (see instructions on page 16)

A. Waste Codes for Federally Regulated Hazardous Wastes. Please list the waste codes of the Federal hazardous wastes handled at your site. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112). Use an additional page if more spaces are needed.

D002	D007	D008	F006			

B. Waste Codes for State-Regulated (i.e., non-Federal) Hazardous Wastes. Please list the waste codes of the State-regulated hazardous wastes handled at your site. List them in the order they are presented in the regulations. Use an additional page if needed for more waste codes.

223	352					

12. Comments (see instructions on page 17)

13. Certification. I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. (see instructions on page 17)

Signature of owner, operator, or an authorized representative	Name and Official Title (type or print)	Date Signed (mm/dd/yyyy)
	Mike Reed, Vice President	01/25/2006
	<i>Mike Reed</i>	

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: Electronic Chrome & Grinding

EPA ID NO: CAD008391427



FORM
GM

U.S. ENVIRONMENTAL
PROTECTION AGENCY

2005 Hazardous Waste Report

WASTE GENERATION
AND MANAGEMENT

Instructions: Please see the detailed instructions on pages 17 to 25 of the instructions and forms booklet before completing this form.

Sec. 1	A. Waste Description Hazardous Waste Solid (Chromium Waste Filter Cake)			
B. EPA Hazardous Waste Codes		C. State Hazardous Waste Codes		
D007 F006		181		
NA NA NA				
D. Source Code	E. Form Code	F. Quantity Generated in reporting year	G. UOM	
G23		29,000.000000	1	
Management Method Code for Source Code G25			Density	
W310			<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg	

Sec. 2	Was any of this waste managed on-site?	
<input type="checkbox"/> Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> No (SKIP TO SEC. 3)		
ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2
On-site Management Method Code	Quantity treated, disposed or recycled on-site	On-site Management Method Code
		Quantity treated, disposed or recycled on-site

Sec. 3	A. Was any of this waste shipped off-site for treatment, disposal or recycling?		
<input checked="" type="checkbox"/> Yes (CONTINUE TO BOX B) <input type="checkbox"/> No (FORM IS COMPLETE)			
Site 1	B. EPA ID No. of facility to which waste was shipped	C. Off-site Management Method Code Shipped to	D. Total quantity shipped (page 26)
	CAT080033681	H131	29,000.000000
Site 2	B. EPA ID No. of facility to which waste was shipped	C. Off-site Management Method Code Shipped to	D. Total quantity shipped
Site 3	B. EPA ID No. of facility to which waste was shipped	C. Off-site Management Method Code Shipped to	D. Total quantity shipped

Comments:

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: Electronic Chrome & Grinding

EPA ID NO: CAD008391427



FORM
GM

U.S. ENVIRONMENTAL
PROTECTION AGENCY

2005 Hazardous Waste Report

WASTE GENERATION
AND MANAGEMENT

Instructions: Please see the detailed instructions on pages 17 to 25 of the instructions and forms booklet before completing this form.

Sec. 1	A. Waste Description Hazardous Waste Liquid (Chromium)			
B. EPA Hazardous Waste Codes		C. State Hazardous Waste Codes		
D007 NA		723		
NA NA NA				
D. Source Code G03		E. Form Code W103	F. Quantity Generated in reporting year 5,838.000000	G. UOM 1
Management Method Code for Source Code G25				Density
				<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

Sec. 2	Was any of this waste managed on-site? <input type="checkbox"/> Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> No (SKIP TO SEC. 3)	
ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2
On-site Management Method Code	Quantity treated, disposed or recycled on-site	On-site Management Method Code Quantity treated, disposed or recycled on-site

Sec. 3	A. Was any of this waste shipped off-site for treatment, disposal or recycling? <input checked="" type="checkbox"/> Yes (CONTINUE TO BOX B) <input type="checkbox"/> No (FORM IS COMPLETE)		
Site 1	B. EPA ID No. of facility to which waste was shipped CAT080033681	C. Off-site Management Method Code Shipped to H071	D. Total quantity shipped (page 26) 5,838.000000
Site 2	B. EPA ID No. of facility to which waste was shipped	C. Off-site Management Method Code Shipped to	D. Total quantity shipped
Site 3	B. EPA ID No. of facility to which waste was shipped	C. Off-site Management Method Code Shipped to	D. Total quantity shipped

Comments:

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: Electronic Chrome & Grinding

EPA ID NO: CAD008391427



FORM
GM

U.S. ENVIRONMENTAL
PROTECTION AGENCY

2005 Hazardous Waste Report

WASTE GENERATION
AND MANAGEMENT

Instructions: Please see the detailed instructions on pages 17 to 25 of the instructions and forms booklet before completing this form.

Sec. 1	A. Waste Description Waste Hydrochloric Acid (lead, Chromium)		
B. EPA Hazardous Waste Codes		C. State Hazardous Waste Codes	
D002 D007 D008 NA NA		792	
D. Source Code G03 Management Method Code for Source Code G25		E. Form Code W103	F. Quantity Generated in reporting year 6,672.000000
		G. UOM 1 Density <input type="checkbox"/> lbs/gal <input type="checkbox"/> sg	

Sec. 2	Was any of this waste managed on-site? <input type="checkbox"/> Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> No (SKIP TO SEC. 3)	
ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2
On-site Management Method Code	Quantity treated, disposed or recycled on-site	On-site Management Method Code Quantity treated, disposed or recycled on-site

Sec. 3	A. Was any of this waste shipped off-site for treatment, disposal or recycling? <input checked="" type="checkbox"/> Yes (CONTINUE TO BOX B) <input type="checkbox"/> No (FORM IS COMPLETE)		
Site 1	B. EPA ID No. of facility to which waste was shipped CAT080033681	C. Off-site Management Method Code Shipped to H071	D. Total quantity shipped (page 26) 6,672.000000
Site 2	B. EPA ID No. of facility to which waste was shipped	C. Off-site Management Method Code Shipped to	D. Total quantity shipped
Site 3	B. EPA ID No. of facility to which waste was shipped	C. Off-site Management Method Code Shipped to	D. Total quantity shipped

Comments:

SEND COMPLETED FORM TO: The Appropriate State or EPA Regional Office.	United States Environmental Protection Agency RCRA SUBTITLE C SITE IDENTIFICATION FORM		
1. Reason for Submittal (See Instructions on page 9) MARK ALL BOX(ES) THAT APPLY	Reason for Submittal: <input type="checkbox"/> To provide Initial Notification of Regulated Waste Activity (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities) <input type="checkbox"/> To provide Subsequent Notification of Regulated Waste Activity (to update site identification information) <input type="checkbox"/> As a component of a First RCRA Hazardous Waste Part A Permit Application <input type="checkbox"/> As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment # _____) <input checked="" type="checkbox"/> As a component of the Hazardous Waste Report		
2. Site EPA ID Number (page 10)	EPA ID Number CAD008391427		
3. Site Name (page 10)	Name: Electronic Chrome & Grinding Co. Inc.		
4. Site Location Information (page 10)	Street Address: 9128-32 Dice Rd.		
	City, Town, or Village: Santa Fe Springs	State: CA	
	County Name: Los Angeles	Zip Code: 90670	
5. Site Land Type (page 10)	Site Land Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		
6. North American Industry Classification System (NAICS) Code(s) for the Site (page 10)	A. 332813	B.	
	C.	D.	
7. Site Mailing Address (page 11)	Street or P. O. Box: Same		
	City, Town, or Village:		
	State:		
	Country:	Zip Code:	
8. Site Contact Person (page 11)	First Name: Mike	MI:	Last Name: Reed
	Phone Number: 562 946 6671 Extension:		Email address:
9. Operator and Legal Owner of the Site (pages 11 and 12)	A. Name of Site's Operator: Philip W. Reed		Date Became Operator (mm/dd/yyyy):
	Operator Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		
	B. Name of Site's Legal Owner: Philip W. Reed		Date Became Owner (mm/dd/yyyy):
	Owner Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		

9. Legal Owner (Continued) Address	Street or P. O. Box: 9128-32 Dice Rd.	
	City, Town, or Village: Santa Fe Springs	
	State: CA	
	Country: USA	Zip Code: 90670

10. Type of Regulated Waste Activity

Mark "Yes" or "No" for all activities; complete any additional boxes as instructed. (See instructions on pages 12 to 16.)

A. Hazardous Waste Activities

Complete all parts for 1 through 6.

Y ☒ N ☐ 1. Generator of Hazardous Waste

If "Yes", choose only one of the following - a, b, or c.

☒ a. LQG: Greater than 1,000 kg/mo (2,200 lbs./mo.)
of non-acute hazardous waste; or☐ b. SQG: 100 to 1,000 kg/mo (220 - 2,200 lbs./mo.)
of non-acute hazardous waste; or☐ c. CESQG: Less than 100 kg/mo (220 lbs./mo.)
of non-acute hazardous waste

In addition, indicate other generator activities.

Y ☐ N ☒ d. United States Importer of Hazardous WasteY ☐ N ☒ e. Mixed Waste (hazardous and radioactive) GeneratorY ☐ N ☒ 2. Transporter of Hazardous WasteY ☐ N ☒ 3. Treater, Storer, or Disposer of
Hazardous Waste (at your site) Note:
A hazardous waste permit is required for
this activity.Y ☐ N ☒ 4. Recycler of Hazardous Waste (at your
site)Y ☐ N ☒ 5. Exempt Boiler and/or Industrial
Furnace

If "Yes", mark each that applies.

☐ a. Small Quantity On-site Burner
Exemption☐ b. Smelting, Melting, and Refining
Furnace ExemptionY ☐ N ☒ 6. Underground Injection Control

B. Universal Waste Activities

Y ☐ N ☒ 1. Large Quantity Handler of Universal Waste (accumulate
5,000 kg or more) [refer to your State regulations to
determine what is regulated]. Indicate types of universal
waste generated and/or accumulated at your site. If "Yes",
mark all boxes that apply:

	Generate	Accumulate
a. Batteries	<input type="checkbox"/>	<input type="checkbox"/>
b. Pesticides	<input type="checkbox"/>	<input type="checkbox"/>
c. Thermostats	<input type="checkbox"/>	<input type="checkbox"/>
d. Lamps	<input type="checkbox"/>	<input type="checkbox"/>
e. Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>
f. Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>
g. Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>

Y ☐ N ☒ 2. Destination Facility for Universal Waste

Note: A hazardous waste permit may be required for this activity.

C. Used Oil Activities

Mark all boxes that apply.

Y ☐ N ☒ 1. Used Oil Transporter
If "Yes", mark each that applies.
☐ a. Transporter
☐ b. Transfer FacilityY ☐ N ☒ 2. Used Oil Processor and/or Re-refiner
If "Yes", mark each that applies.
☐ a. Processor
☐ b. Re-refinerY ☐ N ☒ 3. Off-Specification Used Oil BurnerY ☐ N ☒ 4. Used Oil Fuel Marketer
If "Yes", mark each that applies.
☐ a. Marketer Who Directs Shipment of
Off-Specification Used Oil to
Off-Specification Used Oil Burner
☐ b. Marketer Who First Claims the
Used Oil Meets the Specifications

A. Waste Codes for Federally Regulated Hazardous Wastes. Please list the waste codes of the Federal hazardous wastes handled at your site. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112). Use an additional page if more spaces are needed.

DOO2	DOO7	FUDO				

221	352					

[illegible]

Signature of operator, owner, or an authorized representative	Name and Official Title (type or print)	Date Signed (mm/dd/yyyy)
	Mike Reed, Vice President	
	Mike Reed	



ELECTRONIC CHROME & GRINDING CO. INC.

9128-32 DICE RD. • SANTA FE SPRINGS, CA 90670 • (562) 946-6671 • FAX (562) 946-5903

*Hard Chrome Plating • Internal & External Grinding
Chrome Tanks 16 Foot Depth • Power Honing to 6" Capacity
Grinding Capacity to 20" x 120" • Centerless Grinding*

January 31, 2006

Richard Kallman
City of Santa Fe Springs Fire Department
Environmental Protection Division
Certified Unified Program Agency
11300 Greenstone Ave.
Santa Fe Springs, CA 90670

RE: 2003 & 2005 Biennial Reports Letter of Transmittal

Dear Mr. Kallman:

Please find enclosed a copy of the letter of Transmittal for the 2003 and 2005 Biennial Reports, the 2005 Biennial Report Submission Cover Sheet, the Certified Mail Receipt and the Return Receipt for your records for Electronic Chrome & Grinding Company, Inc. Please feel free to contact me at 562-946-6671 with any questions or concerns, I will be happy to assist you.

Sincerely,

Mike Reed
Vice president, General Manager

Enclosures

U.S. ENVIRONMENTAL
PROTECTION AGENCY

2003 Hazardous Waste Report

WASTE GENERATION
AND MANAGEMENTFORM
GMBEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL
OR ENTER:SITE NAME: Electronic Chrome &GrindingEPA ID NO: CA D 1008 391 427

Instructions: Please see the detailed Instructions on pages 17 to 25 of this booklet before completing this form.

Sec. 1 A. Waste description

Waste Corrosive Liquid (Chrome Acid Solution)B. EPA hazardous waste code D002 D007D108

C. State hazardous waste code

391

D. Source code

G103

Management Method code for Source code G25

[] [] [] []

E. Form code

W103

F. Quantity generated in 2003

35028, 0

G. UOM

l

Density

[] [] [] []☐ lbs/gal ☐ sg

Sec. 2 Was any of this waste managed on site? (pages

- ☐
- 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1)
-
- ☒
- 2 No (SKIP TO SEC. 3)

ON-SITE PROCESS SYSTEM 1

On-site Management
Method code[] [] [] []Quantity treated, disposed, or
recycled on site in 2003[] [] [] [] [] [] [] [] [] []

ON-SITE PROCESS SYSTEM 2

On-site Management
Method code[] [] [] []Quantity treated, disposed, or
recycled on site in 2003[] [] [] [] [] [] [] [] [] []

Sec. 3 A. Was any of this waste shipped off site in 2003 for treatment, disposal, or recycling? (pages 25 and 26)

- ☒
- 1 Yes (CONTINUE TO BOX B)
- ☐
- 2 No (FORM IS COMPLETE)

Site 1 B. EPA ID No. of facility to which waste
was shippedCA T 1080 033 681C. Off-site Management Method
code Shipped toW1071

D. Total quantity shipped in 2003

35028, 0Site 2 B. EPA ID No. of facility to which waste
was shipped[] [] [] [] [] [] [] [] [] []C. Off-site Management Method
code Shipped to[] [] [] []

D. Total quantity shipped in 2003

[] [] [] [] [] [] [] [] [] []Site 3 B. EPA ID No. of facility to which waste
was shipped[] [] [] [] [] [] [] [] [] []C. Off-site Management Method
code Shipped to[] [] [] []

D. Total quantity shipped in 2003

[] [] [] [] [] [] [] [] [] []

Comments:

MAIL THE COMPLETED FORM TO: The appropriate EPA Regional or State Office.	United States Environmental Protection Agency RCRA SUBTITLE C SITE IDENTIFICATION FORM 2005	
1. Reason for Submittal (see instructions on page 9) MARK ALL BOX(ES) THAT APPLY	A. Reason for Submittal: <input type="checkbox"/> To provide initial notification (to obtain an EPA ID Number for hazardous waste, universal waste or used oil activities). <input type="checkbox"/> To provide subsequent notification (to update site identification information). <input type="checkbox"/> As a component of a First RCRA Hazardous Waste Part A Permit Application. <input type="checkbox"/> As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment #) <input checked="" type="checkbox"/> As a component of Hazardous Waste Report.	
2. Site EPA ID Number (see instructions on page 10)	EPA ID Number: CAD008391427	
3. Site Name (see instructions on page 11)	Site Name: Electronic Chrome & Grinding Co. Inc.	
4. Site Location Information (see instructions on page 10)	Street Address: 9128-32 Dice Road City, Town or Village: Santa Fe Springs State: CA County Name: LOS ANGELES Zip Code: 90670	
5. Site Land Type (see instructions on page 10)	Site Land Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other	
6. North American Industry Classification System (NAICS) Code(s) for the Site (see instructions on page 10)	A. 332813	B.
	C.	D.
7. Site Mailing Address (see instructions on page 11)	Street or P.O. Box: 9128-32 Dice Rd. City, Town or Village: Santa Fe Springs State: CA Country: UNITED STATES Zip Code: 90670	
8. Site Contact Person (see instructions on page 11)	First Name: Mike MI: Last Name: Reed Phone Number: 5629466671 Extension: Email Address: bluecrowns@aol.com	
9. Operator and Legal Owner of the Site (see instructions on page 11 and 12)	Name of Site's Operator: Philip W. Reed Date Became Operator (mm/dd/yyyy): 07/23/1982 Operator Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other Name of Site's Legal Owner: Philip W. Reed Date Became Owner (mm/dd/yyyy): 07/23/1982 Owner Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other	

9. Legal Owner (Continued) Address	Street or P.O. Box: 9128-32 Dice Rd. City, Town or Village: Santa Fe Springs State: CA Country: UNITED STATES		Zip Code: 90670
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10. Type of Regulated Waste Activity (Mark "Yes" or "No" for all activities; complete an additional boxes as instructed)

A. Hazardous Waste Activities
Complete all parts for 1 through 6.

Y ☒ N ☐ **1. Generator of Hazardous Waste**
If "Yes", choose only one of the following - a, b or c.

☒ a. LQG: Greater than 1000 kg/mo (2,200 lbs.) of non-acute hazardous waste; or

☐ b. SQG: 100 to 1000 kg/mo (220 - 2,200 lbs.) of non-acute hazardous waste; or

☐ c. CESQG: Less than 100 kg/mo (220 lbs.) of non-acute hazardous waste

In addition, indicate other generator activities.

Y ☐ N ☒ d. United States Importer of Hazardous Waste

Y ☐ N ☒ e. Mixed Waste (hazardous and radioactive) Generator

Y ☐ N ☒ **2. Transporter of Hazardous Waste**

Y ☒ N ☐ **3. Treater, Storer or Disposer of Hazardous Waste (at your site)**
Note: A hazardous waste permit is required for this activity.

Y ☐ N ☒ **4. Recycler of Hazardous Waste (at your site)**

Y ☐ N ☒ **5. Exempt Boiler and/or Industrial Furnace**

☐ a. Small Quantity On-Site Burner Exemption

☐ b. Smelting, Melting, Refining Furnace Exemption

Y ☐ N ☒ **6. Underground Injection Control**

B. Universal Waste Activities

Y ☐ N ☒ **1. Large Quantity Handler of Universal Waste (accumulate 5,000 kg or more) [refer to your State regulations to determine what is regulated]. Indicate types of universal waste generated and/or accumulated at your site. If "Yes", mark all boxes that apply:**

	<u>Generated</u>	<u>Accumulated</u>
a. Batteries	<input type="checkbox"/>	<input type="checkbox"/>
b. Pesticides	<input type="checkbox"/>	<input type="checkbox"/>
c. Thermostats	<input type="checkbox"/>	<input type="checkbox"/>
d. Lamps	<input type="checkbox"/>	<input type="checkbox"/>
e. Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>
f. Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>
g. Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>

Y ☐ N ☒ **2. Destination Facility for Universal Waste**
Note: A hazardous waste permit may be required for this activity.

C. Used Oil Activities
Mark all boxes that apply.

Y ☐ N ☒ **1. Used Oil Transporter**
If "Yes", mark each that applies.

☐ a. Transporter

☐ b. Transfer Facility

Y ☐ N ☒ **2. Used Oil Processor and/or Re-refiner**
If "Yes", mark each that applies.

☐ a. Processor

☐ b. Re-refiner

Y ☐ N ☒ **3. Off-Specification Used Oil Burner**

Y ☐ N ☒ **4. Used Oil Fuel Marketer**
If "Yes", mark each that applies.

☐ a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner

☐ b. Marketer Who First Claims the Used Oil Meets the Specifications

11. Description of Hazardous Wastes (see Instructions on page 16)

A. Waste Codes for Federally Regulated Hazardous Wastes. Please list the waste codes of the Federal hazardous wastes handled at your site. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112). Use an additional page if more spaces are needed.


D002	D007	D008	F006			

B. Waste Codes for State-Regulated (i.e., non-Federal) Hazardous Wastes. Please list the waste codes of the State-regulated hazardous wastes handled at your site. List them in the order they are presented in the regulations. Use an additional page if needed for more waste codes.

223	352					

12. Comments (see Instructions on page 17)

13. Certification. I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. (see Instructions on page 17)

Signature of owner, operator, or an authorized representative	Name and Official Title (type or print)	Date Signed (mm/dd/yyyy)
	Mike Reed, Vice President	01/25/2006
		

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: Electronic Chrome & Grinding

EPA ID NO: CAD008391427



FORM
GM

U.S. ENVIRONMENTAL
PROTECTION AGENCY

2005 Hazardous Waste Report

WASTE GENERATION
AND MANAGEMENT

Instructions: Please see the detailed instructions on pages 17 to 25 of the instructions and forms booklet before completing this form.

Sec. 1	A. Waste Description Hazardous Waste Solid (Chromium Waste Filter Cake)			
B. EPA Hazardous Waste Codes		C. State Hazardous Waste Codes		
D007 F006		181		
NA NA NA				
D. Source Code G23		E. Form Code W310	F. Quantity Generated in reporting year 29,000.000000	G. UOM 1
Management Method Code for Source Code G25				Density <input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

Sec. 2	Was any of this waste managed on-site? <input type="checkbox"/> Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> No (SKIP TO SEC. 3)			
ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2		
On-site Management Method Code		On-site Management Method Code		
Quantity treated, disposed or recycled on-site		Quantity treated, disposed or recycled on-site		

Sec. 3	A. Was any of this waste shipped off-site for treatment, disposal or recycling? <input checked="" type="checkbox"/> Yes (CONTINUE TO BOX B) <input type="checkbox"/> No (FORM IS COMPLETE)			
Site 1	B. EPA ID No. of facility to which waste was shipped CAT080033681	C. Off-site Management Method Code Shipped to H131	D. Total quantity shipped (page 26) 29,000.000000	
Site 2	B. EPA ID No. of facility to which waste was shipped	C. Off-site Management Method Code Shipped to	D. Total quantity shipped	
Site 3	B. EPA ID No. of facility to which waste was shipped	C. Off-site Management Method Code Shipped to	D. Total quantity shipped	

Comments:

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: Electronic Chrome & Grinding

EPA ID NO: CAD008391427



FORM
GM

U.S. ENVIRONMENTAL
PROTECTION AGENCY

2005 Hazardous Waste Report

WASTE GENERATION
AND MANAGEMENT

Instructions: Please see the detailed instructions on pages 17 to 25 of the instructions and forms booklet before completing this form.

Sec. 1	A. Waste Description Hazardous Waste Liquid (Chromium)			
B. EPA Hazardous Waste Codes		C. State Hazardous Waste Codes		
D007 NA NA NA		723		
D. Source Code G03 Management Method Code for Source Code G25		E. Form Code W103	F. Quantity Generated in reporting year 5,838.000000	G. UOM 1 Density <input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

Sec. 2	Was any of this waste managed on-site? <input type="checkbox"/> Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> No (SKIP TO SEC. 3)			
ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2		
On-site Management Method Code		On-site Management Method Code		
Quantity treated, disposed or recycled on-site		Quantity treated, disposed or recycled on-site		

Sec. 3	A. Was any of this waste shipped off-site for treatment, disposal or recycling? <input checked="" type="checkbox"/> Yes (CONTINUE TO BOX B) <input type="checkbox"/> No (FORM IS COMPLETE)			
Site 1	B. EPA ID No. of facility to which waste was shipped CAT080033681	C. Off-site Management Method Code Shipped to H071	D. Total quantity shipped (page 26) 5,838.000000	
Site 2	B. EPA ID No. of facility to which waste was shipped	C. Off-site Management Method Code Shipped to	D. Total quantity shipped	
Site 3	B. EPA ID No. of facility to which waste was shipped	C. Off-site Management Method Code Shipped to	D. Total quantity shipped	

Comments:

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: Electronic Chrome & Grinding

EPA ID NO: CAD008391427



FORM
GM

U.S. ENVIRONMENTAL
PROTECTION AGENCY

2005 Hazardous Waste Report

WASTE GENERATION
AND MANAGEMENT

Instructions: Please see the detailed instructions on pages 17 to 25 of the instructions and forms booklet before completing this form.

Sec. 1	A. Waste Description Waste Hydrochloric Acid (lead, Chromium)			
B. EPA Hazardous Waste Codes		C. State Hazardous Waste Codes		
D002 D007		792		
D008 NA NA				
D. Source Code	E. Form Code	F. Quantity Generated in reporting year	G. UOM	
G03			1	
Management Method Code for Source Code G25		6,672.000000	Density	
W103			<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg	

Sec. 2	Was any of this waste managed on-site?	
	<input type="checkbox"/> Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> No (SKIP TO SEC. 3)	
ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2
On-site Management Method Code	Quantity treated, disposed or recycled on-site	On-site Management Method Code
		Quantity treated, disposed or recycled on-site

Sec. 3	A. Was any of this waste shipped off-site for treatment, disposal or recycling?		
	<input checked="" type="checkbox"/> Yes (CONTINUE TO BOX B) <input type="checkbox"/> No (FORM IS COMPLETE)		
Site 1	B. EPA ID No. of facility to which waste was shipped	C. Off-site Management Method Code Shipped to	D. Total quantity shipped (page 26)
	CAT080033681	H071	6,672.000000
Site 2	B. EPA ID No. of facility to which waste was shipped	C. Off-site Management Method Code Shipped to	D. Total quantity shipped
Site 3	B. EPA ID No. of facility to which waste was shipped	C. Off-site Management Method Code Shipped to	D. Total quantity shipped

Comments:

U.S. ENVIRONMENTAL
PROTECTION AGENCY

2003 Hazardous Waste Report

WASTE GENERATION
AND MANAGEMENTFORM
GMBEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL
OR ENTER:SITE NAME: Electronic Chrome &GrindingEPA ID NO: CAD 008 391 427

Instructions: Please see the detailed instructions on pages 17 to 25 of this booklet before completing this form.

Sec. 1 A. Waste description

Waste Corrosive Liquid (Chrome Acid Solution)B. EPA hazardous waste code D002 D007D008

C. State hazardous waste code

291

D. Source code

G03

Management Method code for Source code G25

H

E. Form code

W103

F. Quantity generated in 2003

 35028 0G. UOM

Density

 ☐ lbs/gal ☐ sg

Sec. 2 Was any of this waste managed on site? (pages

☐ 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1)☒ 2 No (SKIP TO SEC. 3)

ON-SITE PROCESS SYSTEM 1

On-site Management
Method codeH Quantity treated, disposed, or
recycled on site in 2003

ON-SITE PROCESS SYSTEM 2

On-site Management
Method codeH Quantity treated, disposed, or
recycled on site in 2003

Sec. 3 A. Was any of this waste shipped off site in 2003 for treatment, disposal, or recycling? (pages 25 and 26)

☒ Yes (CONTINUE TO BOX B) ☐ 2 No (FORM IS COMPLETE)

Site 1

B. EPA ID No. of facility to which waste
was shippedCAT 080 033 681C. Off-site Management Method
code Shipped toH 071

D. Total quantity shipped in 2003

 35028 0

Site 2

B. EPA ID No. of facility to which waste
was shipped C. Off-site Management Method
code Shipped toH

D. Total quantity shipped in 2003

Site 3

B. EPA ID No. of facility to which waste
was shipped C. Off-site Management Method
code Shipped toH

D. Total quantity shipped in 2003

Comments:

U.S. ENVIRONMENTAL
PROTECTION AGENCY

2003 Hazardous Waste Report

WASTE GENERATION
AND MANAGEMENTBEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL
OR ENTER:SITE NAME: Electronic Chrome &GrindingEPA ID NO: CAD 008 391 427FORM
GM

Instructions: Please see the detailed instructions on pages 17 to 25 of this booklet before completing this form.

Sec. 1 A. Waste description

Hazardous waste solid (Chromium waste Filter Cake)B. EPA hazardous waste code D007 FD06

C. State hazardous waste code

181

D. Source code

G23

E. Form code

LW310

F. Quantity generated in 2003

32000.0

G. UOM

l

Density

 ☐ lbs/gal ☐ sg

Management Method code for Source code G25

Sec. 2 Was any of this waste managed on site? (pages

☐ 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1)☒ 2 No (SKIP TO SEC. 3)

ON-SITE PROCESS SYSTEM 1

On-site Management
Method codeQuantity treated, disposed, or
recycled on site in 2003

ON-SITE PROCESS SYSTEM 2

On-site Management
Method codeQuantity treated, disposed, or
recycled on site in 2003

Sec. 3 A. Was any of this waste shipped off site in 2003 for treatment, disposal, or recycling? (pages 25 and 26)

☒ 1 Yes (CONTINUE TO BOX B) ☐ 2 No (FORM IS COMPLETE)Site 1 B. EPA ID No. of facility to which waste
was shippedCAT 080 033 681C. Off-site Management Method
code Shipped to131

D. Total quantity shipped in 2003

32000.0Site 2 B. EPA ID No. of facility to which waste
was shipped C. Off-site Management Method
code Shipped to

D. Total quantity shipped in 2003

 Site 3 B. EPA ID No. of facility to which waste
was shipped C. Off-site Management Method
code Shipped to

D. Total quantity shipped in 2003

Comments:

SEND COMPLETED FORM TO: The Appropriate State or EPA Regional Office.	United States Environmental Protection Agency RCRA SUBTITLE C SITE IDENTIFICATION FORM		
1. Reason for Submittal (See instructions on page 9) MARK ALL BOX(ES) THAT APPLY	Reason for Submittal: <input type="checkbox"/> To provide Initial Notification of Regulated Waste Activity (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities) <input type="checkbox"/> To provide Subsequent Notification of Regulated Waste Activity (to update site identification information) <input type="checkbox"/> As a component of a First RCRA Hazardous Waste Part A Permit Application <input type="checkbox"/> As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment # _____) <input checked="" type="checkbox"/> As a component of the Hazardous Waste Report		
2. Site EPA ID Number (page 10)	EPA ID Number CAD 008391427		
3. Site Name (page 10)	Name minding Co. Inc.		
4. Site Location Information (page 10)	Street City County	Ed. State: CA Zip Code: 90670	
5. Site Land Type (page 10)	State	Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other	
6. North American Industry Classification System (NAICS) Code(s) for the Site (page 10)	our copy		
7. Site Mailing Address (page 11)	Street or P. O. Box: same City, Town, or Village: State: Country: Zip Code:		
8. Site Contact Person (page 11)	First Name: Mike	MI:	Last Name: Reed Phone Number: 562946671 Extension: Email address:
9. Operator and Legal Owner of the Site (pages 11 and 12)	A. Name of Site's Operator: Philip W. Reed Date Became Operator (mm/dd/yyyy): Operator Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other B. Name of Site's Legal Owner: Philip W. Reed Date Became Owner (mm/dd/yyyy): Owner Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		

9. Legal Owner (Continued) Address	Street or P. O. Box: 9128-32 Dice Rd.	
	City, Town, or Village: Santa Fe Springs	
	State: CA	
	Country: USA	Zip Code: 90670

10. Type of Regulated Waste Activity

Mark "Yes" or "No" for all activities; complete any additional boxes as instructed. (See instructions on pages 12 to 16.)

A. Hazardous Waste Activities

Complete all parts for 1 through 6.

Y ☒ N ☐ 1. Generator of Hazardous Waste

If "Yes", choose only one of the following - a, b, or c.

☒ a. LQG: Greater than 1,000 kg/mo (2,200 lbs./mo.)
of non-acute hazardous waste; or☐ b. SQG: 100 to 1,000 kg/mo (220 - 2,200 lbs./mo.)
of non-acute hazardous waste; or☐ c. CESQG: Less than 100 kg/mo (220 lbs./mo.)
of non-acute hazardous waste

In addition, indicate other generator activities.

Y ☐ N ☒ d. United States Importer of Hazardous WasteY ☐ N ☒ e. Mixed Waste (hazardous and radioactive) GeneratorY ☐ N ☒ 2. Transporter of Hazardous WasteY ☐ N ☐ 3. Treater, Storer, or Disposer of
Hazardous Waste (at your site) Note:
A hazardous waste permit is required for
this activity.Y ☐ N ☒ 4. Recycler of Hazardous Waste (at your
site)Y ☐ N ☒ 5. Exempt Boiler and/or Industrial
Furnace

If "Yes", mark each that applies.

☐ a. Small Quantity On-site Burner
Exemption☐ b. Smelting, Melting, and Refining
Furnace ExemptionY ☐ N ☒ 6. Underground Injection Control

B. Universal Waste Activities

Y ☐ N ☒ 1. Large Quantity Handler of Universal Waste (accumulate
5,000 kg or more) [refer to your State regulations to
determine what is regulated]. Indicate types of universal
waste generated and/or accumulated at your site. If "Yes",
mark all boxes that apply:

	Generate	Accumulate
a. Batteries	<input type="checkbox"/>	<input type="checkbox"/>
b. Pesticides	<input type="checkbox"/>	<input type="checkbox"/>
c. Thermostats	<input type="checkbox"/>	<input type="checkbox"/>
d. Lamps	<input type="checkbox"/>	<input type="checkbox"/>
e. Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>
f. Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>
g. Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>

Y ☐ N ☒ 2. Destination Facility for Universal Waste

Note: A hazardous waste permit may be required for this activity.

C. Used Oil Activities

Mark all boxes that apply.

Y ☐ N ☒ 1. Used Oil Transporter
If "Yes", mark each that applies.
☐ a. Transporter
☐ b. Transfer FacilityY ☐ N ☒ 2. Used Oil Processor and/or Re-refiner
If "Yes", mark each that applies.
☐ a. Processor
☐ b. Re-refinerY ☐ N ☒ 3. Off-Specification Used Oil BurnerY ☐ N ☒ 4. Used Oil Fuel Marketer
If "Yes", mark each that applies.
☐ a. Marketer Who Directs Shipment of
Off-Specification Used Oil to
Off-Specification Used Oil Burner
☐ b. Marketer Who First Claims the
Used Oil Meets the Specifications

11. Description of Hazardous Wastes (See instructions on page 16.)

A. Waste Codes for Federally Regulated Hazardous Wastes. Please list the waste codes of the Federal hazardous wastes handled at your site. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112). Use an additional page if more spaces are needed.

DOO2	DOO7	FDOO				

B. Waste Codes for State-Regulated (i.e., non-Federal) Hazardous Wastes. Please list the waste codes of the State-regulated hazardous wastes handled at your site. List them in the order they are presented in the regulations. Use an additional page if more spaces are needed for waste codes.

221	352					

12. Comments (See instructions on page 16.)

[illegible]

13. Certification. I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

(See instructions on page 16.)

Signature of operator, owner, or an authorized representative	Name and Official Title (type or print)	Date Signed (mm/dd/yyyy)
	Mike Reed, Vice President	
	Mike Reed	